



SPECIAL EVENT REQUEST

Applications must be submitted at least thirty(30) days prior to the proposed event in order to be reviewed for approval.
Incomplete applications may cause delays and/or denial of the request.

Name of Event: _____

Date of Event: _____ Rain Date: _____

Time of Event: _____ Set-up Time: _____

Specific location/route of Event: _____

Contact 1:

Contact 2:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email address _____

Email address _____

Description/Purpose of the Event:

History of Event:

EVENT INFORMATION BY CITY DEPARTMENT

Public Works

Park reservation required: _____ Yes _____ No

Name/location of reserved park _____

***This request does not serve as your Park reservation**

Parking lot usage required: _____ Yes _____ No

Name/location of parking lot to be used _____

Certificate of Insurance submitted: _____ Yes _____ No

***A Certificate of Insurance is required for events on all city owned property.**

Street closures requested _____ Yes _____ No

List requested street(s) _____

Type of event requiring street closures: _____ parade/walk/run _____ block party _____ street festival

Utility services needed beyond those available at the site: _____ Electricity _____ Other

Please describe

Police/Fire Department

Request assistance from _____ Police _____ Fire Department _____ EMS
Event open to the public: _____ Event private, invitation only _____
Anticipated number: _____ spectators: _____ Participants
Event includes: _____ Fireworks display _____ Water Event _____ Sporting Event
Event will include amplified sound _____ Yes _____ No
Requested time(s) of amplified sound: _____
Type: _____ Voice/speaking _____ DJ/Recorded music _____ Live Band
Outdoor structure(s) will be erected: _____ Tents _____ Stages _____ Other
Size(s) of temporary structure(s): _____ Number of occupants: _____
Animals included in event: _____ Yes _____ No

Describe:

Commissioner of the Revenue

Person or Organization producing this event: _____

Tax ID # _____ Business License # _____

Food or beverages will be _____ sold _____ distributed _____ served _____ N/A

Alcoholic beverages will be _____ present _____ sold _____ N/A

Total number of food vendors _____

Please list name(s) of all food/beverage vendors

Merchandise will be _____ sold _____ distributed _____ sold at event by vendors

Entry fee or Donation requested? _____ Yes _____ No Amount \$ _____ Free _____

Inspections & Zoning

Amusement rides or devices: _____ Inflatable _____ Minor _____ Major _____ Spectacular

Certificate of Insurance (specific for rides) submitted _____ Yes _____ No

List of rides

Permits and/or inspections have been obtained and/or scheduled: _____ Yes _____ No

Temporary event signs requested: _____ Yes _____ No

Describe/locations

Portable restroom facilities will be provided: _____ Yes _____ No

Number of total portable restrooms _____ Number of ADA compliant restrooms _____

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***Additional paperwork may be required from various city departments and state agencies. Please refer to the Special Events Checklist to ensure your compliance with all local and state regulations to ensure a safe and successful event.**

***A Certificate of Insurance is required for any Special Event proposed for city owned property. The Certificate of Insurance must be obtained and submitted to the City Manager prior to a Special Event request receiving approval.**

***Permittee (organization/applicant) shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation. Permittee hereby expressly agrees to defend and save the City, its officers, agents, employees, and representatives harmless from any penalties for violation of any law ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages, or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of permittee or its officers, agents, and employees.**

***My signature indicates that I have read and understand the above information. I further understand that I am responsible for adhering to all requirements and paying for any fees or charges associated with this Special Event.**

Applicant Signature

Date

Please submit completed application to the Martinsville Community Development Department located at 55 W Church Street, Room 217, Martinsville, VA, 24112 or submit electronically to hpowell@ci.martinsville.va.us.

THANK YOU FOR CHOOSING THE CITY OF MARTINSVILLE FOR YOUR EVENT!!!!